

COMMITTEE MEMBERSHIP FORM (Form 8)

(complete a separate form for each committee)

Please check one:

- ☐ BIH Advisory Committee
- ☐ FIMR Case Review Team
- ☐ FIMR Community Action Team

Name of Agency:	Term served:
Occupation/Title:	
Race/Ethnicity:	
Briefly summarize member's experience as related to Committee. Identify reason(s) why this individual is a member:	

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Membership of committee should be reflective of the community served.